



Office of Health Care Quality

**Bland Bryant Building ♦ Spring Grove Hospital Center ♦ 55 Wade Avenue
Catonsville, Maryland 21228 ♦ (410) 402-8100 ♦ Fax: (410) 402-8270**

To: Program Applicants – Therapeutic Group Homes

From: Office of Health Care Quality (OHCQ)
Mental Health Unit

Re: Program Application (Revised: July 16, 2007)
Mental Hygiene Administration
Community Mental Health Services

Enclosed is the Application Packet for licensure for Therapeutic Group Homes under the Mental Hygiene Administration's (MHA) Community Mental Health Program and Governors Office for Children – Independent Agencies Office for Children.

Included in this Application Packet are:

1. Application
 - a. Program Service Plan Requirements
 - b. Application Face Sheet
2. Business Plan Resources
3. Program specific Regulations

Upon completion, application should then be submitted to the following:

1. **Copy to:** The appropriate Core Service Agency (CSA)
 2. **Copy of the *Application Face Sheet* to:**
Mrs. Sharon Ohlhaver and Marcia Anderson
Mental Hygiene Administration
Mitchell Building, Spring Grove Center
55 Wade Avenue
Catonsville, Maryland 21228
 3. **Copy to:** Mr. William Dorrill, Deputy Director
Residential and Community Programs
Community Mental Health Services Unit
Office of Health Care Quality
Bland Bryant Building, Spring Grove Center
55 Wade Ave, Catonsville, MD 21228
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- Application for Therapeutic Group Homes will not be reviewed without first being approved through The Single Point of Entry located within The Governor's Office for Children.
- The Office of Health Care Quality's Community Mental Health Unit will review the application for regulatory compliance and determine the programs approval status.
- The Core Service Agency (**CSA**) will determine if the program is consistent with the approved **CSA** plan; verify that the program agrees to collaborate with the **CSA** and will submit to OHCQ its comments, if any, on the content of the application. **Applicants should consult CSA regarding the completion of their application**
- The Mental Hygiene Administration will be assisting **OHCQ** in the review of the business plan and will be tracking the application by copy of the Application Face Sheet
- All applicants who are applying to providing Group Home services or services to minors must be registered with CJIS (<http://www.dpscs.state.md.us/publicservs/bgchecks.shtml>) and show evidence that background checks through the fingerprinting process has been initiated for the applicant, program director and all other direct care staff

If you have any questions regarding this process, please contact Office of Health Care Quality's Community Mental Health Unit at 410-402-8100.

**Therapeutic Group Home
Application Face Sheet**

1. **Business Name:** _____

2. **Address:** _____

3. **Contact Name and Affiliation:**

4. **Contact Number:** _____

5. **Location of Proposed Program (If Different From Above):**

Attestation:

I, _____ (AUTHORIZED AGENCY

REPRESENTATIVE), affirm that _____

(NAME OF BUSINESS ORGANIZATION) will comply with all applicable laws and regulations concerning the establishment and operation of the community mental health programs.

SIGNATURE: _____

DATE: _____

Application
Therapeutic Group Home

All applicants must comply with the provisions of both Code of Maryland Regulation (COMAR) 10.21.07(Therapeutic Group Homes) and COMAR .14.31.05, 14.31.06, and 14.31.07 (Residential Child Care Programs). A copy of each is enclosed. The documents that must be submitted to satisfy the application process are noted below for ease in reference and response.

1. Applicant name, agency affiliation (if any) and address
2. Documentation of non-profit status and approval from GOC
3. Proof that sufficient financial resources are available for the establishment and operation of the residence
4. Identification of the owner of the property that is to be the TGH
5. Fire and health inspection reports of the proposed residence (not more than one year old)
6. A narrative explanation of how compliance will be achieved with both 10.21.07 and 14.31.05, 14.31.06 and 14.31.07
7. Identification of the Psychiatrist, Clinical Coordinator and Program Director including a signed job description to identifies the hours on-site and job responsibilities, resumes & verification of license.
8. An explanation of the need for the TGH including a letter of intent that explains how the TGH meets a need identified in the Administration approved CSA Plan
9. Documentation that the TGH will collaborate with the CSA
10. Documentation that the site meets local zoning regarding size, land use, density, etc.
11. Verification the program has registered with CJIS (<http://www.dpscs.state.md.us/publicservs/bgchecks.shtml>).
12. Outcome of CPS and Fingerprint checks for the Program Director, Clinical Coordinator, direct care staff and psychiatrist
13. A Program Service Plan that includes:
 - Articles of Incorporation, bylaws, and member list
 - Documentation that at least 1/3 of the members of either the governing body or an advisory committee includes representation of consumers, former consumers or family members
 - The number of children to be served, their age groups and other relevant characteristics
 - The geographic area to be served
 - The goals, objectives and expected outcomes of the program
 - The plan for the provision of medical services, dental services, required education, social and recreational services, nutritional services and mental health treatment
 - A description of how linkage will occur with service providers and community resources, including as applicable, written agreements with inpatient facilities and other mental health providers
 - A list of staff positions, their job descriptions and educational and clinical training requirements
 - Staffing patterns and an organizational chart detailing lines of authority and responsibility